

BAPTIST REGIONAL SCHOOL

Kindergarten – 12th Grades

Administrative Offices

300 Station Avenue

Haddon Heights, NJ 08035

Telephone: (856) 547-2996

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E-Mail: bhs@baptistregional.org

Web Page: www.baptistregional.org

FOR OFFICE USE:

Application Fee Paid _____

Registration Fee Paid _____

Family Info. Rec'd _____

B6T Rec'd _____

Interviewed _____

Tested _____

Pastoral Form Rec'd _____

School Records Rec'd _____

Health History Rec'd _____

Medical Release Rec'd _____

Date of Application _____

NEW STUDENT APPLICATION FOR ADMISSION

Name of Student _____ Grade to be Entered _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip) Telephone _____

Birthplace _____ Birth Date _____ Age _____ Sex _____

Public high school district in which student resides _____

Home Church _____ Pastor's Name _____

Church Address _____

Has student ever been dismissed, suspended or repeated a grade at any school? _____ If yes, explain: _____

Has student ever been evaluated by a Child Study Team or received special services? _____

Does student desire to attend Baptist Regional School? _____ If no, explain: _____

STATEMENT OF PARENT OR GUARDIAN

In making this application, it is understood that:

1. The teacher has full discretion in the classroom discipline of our child.
2. We recognize Baptist Regional School's right to discipline and/or dismiss our child if he/she does not respect its standards or cooperate in the educational process.
3. Our child will go on all scheduled field trips and other school activities.
4. We hereby agree to pay all tuition, fees, and other financial obligations to Baptist Regional School on or before the date due without a reminder. We agree that early withdrawal or change to home school status will still require the full year's tuition.

Signature of both parents/guardians is required. Please explain if one is missing.

Father/Guardian _____ Mother/Guardian _____
Email address _____ Email Address _____

The Application Fee (not refundable), made payable to BAPTIST REGIONAL SCHOOL, must accompany this application.

PAYMENT PLAN:

Please check one: _____ ANNUAL _____ SEMESTER _____ 11-MONTH PLAN Do you qualify for a tuition discount? _____

